



# GRAHAM COUNTY APPLICATION FOR EMPLOYMENT

## AN EQUAL OPPORTUNITY EMPLOYER

### PERSONAL INFORMATION

DATE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

LENGTH OF TIME AT THIS ADDRESS \_\_\_\_\_ HOME PHONE NO. \_\_\_\_\_

ARE YOU 18 YEARS OR OLDER? YES ☐ NO ☐ WORK PHONE NO. \_\_\_\_\_

### SPECIAL QUESTIONS

Have you been convicted of a felony within the last seven years? Yes ☐ No ☐  
If yes, explain \_\_\_\_\_

Drivers License # \_\_\_\_\_ Classification \_\_\_\_\_

Have you been cited for any moving traffic violations within the last three years?  
Yes ☐ No ☐ If yes, explain \_\_\_\_\_

Do you object to verification of your driving record? Yes ☐ No ☐

### EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO MAY WE ENQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

### REFERENCES

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME AND OCCUPATION	ADDRESS	PHONE NO.	YEARS ACQUAINTED
1.			
2.			
3.			

IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_  
NAME ADDRESS PHONE NO.

### GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_

U.S. MILITARY SERVICE: \_\_\_\_\_ RANK \_\_\_\_\_ PRESENT MEMBER IN NATIONAL GUARD OR RESERVES: ☐

WERE YOU HONORABLY DISCHARGED? YES ☐ NO ☐ IF NO, EXPLAIN \_\_\_\_\_

## EDUCATION AND TRAINING

High School Name and Location	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	If not, do you have a GED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
		Issued By:		Date:		
Colleges/Universities & Locations	From      Dates      To	Major/Minor	Units	Degree Awarded?	Type of Degree	Date Completed
A.						
B.						
C.						
Business, Trade, Technical, Military Schools & Locations						
D.						
E.						
F.						
Professional License or Certificate, if required	Serial Number		Issued By		Date Issued	Date Expires
G.						

## EMPLOYMENT HISTORY

This section ***must*** be filled out. List your past work record beginning with your most recent experience. Include self-employed and U.S. military service. List each promotion separately. Explain any gaps between employment periods. Describe the work you did as completely as possible. Incomplete descriptions may result in lower ratings. If you need more space, attach another sheet and provide information in the same format.

1	Employer	Address	City	State	Type of Business	Starting Salary	Final Salary
						\$      Per	\$      Per
	Your Title	Hrs./Week	Mo./Yr.      To      Mo./Yr.	Total Mos.Worked	No. of people you supervised:	Reason for Leaving	
DUTIES							
2	Employer	Address	City	State	Type of Business	Starting Salary	Final Salary
						\$      Per	\$      Per
	Your Title	Hrs./Week	Mo./Yr.      To      Mo./Yr.	Total Mos.Worked	No. of people you supervised:	Reason for Leaving	
DUTIES							
3	Employer	Address	City	State	Type of Business	Starting Salary	Final Salary
						\$      Per	\$      Per
	Your Title	Hrs./Week	Mo./Yr.      To      Mo./Yr.	Total Mos.Worked	No. of people you supervised:	Reason for Leaving	
DUTIES							
4	Employer	Address	City	State	Type of Business	Starting Salary	Final Salary
						\$      Per	\$      Per
	Your Title	Hrs./Week	Mo./Yr.      To      Mo./Yr.	Total Mos.Worked	No. of people you supervised:	Reason for Leaving	
DUTIES							
5	Employer	Address	City	State	Type of Business	Starting Salary	Final Salary
						\$      Per	\$      Per
	Your Title	Hrs./Week	Mo./Yr.      To      Mo./Yr.	Total Mos.Worked	No. of people you supervised:	Reason for Leaving	
DUTIES							

## CERTIFICATE OF APPLICANT

Read carefully before signing.

I hereby certify that all statements in this application are true, and I agree and understand that any misstatements or omissions of material facts herein will cause forfeiture on my part of all rights to any employment.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_